

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Clark Blanchard			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Director of Advance			CB/ID NUMBER			DIVISION OR BUREAU Advance		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY	STATE	ZIP	CITY	STATE	ZIP			
Sacramento			CA			95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
04-Nov	6a-330p	Sac/Stockton/Sac		5.90									
05-Nov	7:00 AM	Sac/LA	112.86		9.59	18.00		317.20	Air	33.20 34.00	12	5.34	496.99
06-Nov	3:30 PM	LA/Sac		5.45	10.00		6.00			9.00	12	5.34	35.79
09-Nov	8a-3p	Sac/San Jose/Sac								4.00	275	122.38	126.38
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
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												0.00	0.00
												0.00	0.00
SUBTOTALS			112.86	5.45	19.59	18.00	6.00	317.20	0.00	47.00	299	133.06	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$659.16	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

04-Nov: Advance for Governor's press conference re: Electric Vehicles International's grand opening.

05-06-Nov: Advance for Governor's bill signing ceremony re: SBX7 6 &amp; SBX7 8

09-Nov: Site survey for Governor's bill signing ceremony re: SBX7 7

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

5PGJ014

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240 780

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and

CLAIMANT

DATE

11.11.09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

11/23/09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE